## FORM D



# UNITED STATES SECURITIES AND EXCHANGE OMMESSION Washington, D.C. 20539

FORM O NOV 2 6 2004

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:	May 31, 2005							
Estimated average	burden hours							
per response	76 00 1							

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	SEC USE ONLY	
Prefix		Serial
		,
	DATE RECEIVED	
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Name of Offering ( check if this is an amendment and name has changed, and indicate change. Cobalt Industrial REIT Private Placement of Preferred Shares	)
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Type of Filing:  New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	5 PROCESSED
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Cobalt Industrial REIT	MOV 3 0 2004
Address of Executive Offices (Number and Street, City, State, Zip Code) 9830 Colonnade Blvd., Suite 600, San Antonio, TX 78230-2239	Telephone Number 1986 (210) 498-3222 IAL
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Ownership of commercial property	
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed	specify) real estate investment trust
Actual or Estimated Date of Incorporation or Organization:    Month Year   0 6 0 4	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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·		and the second second	A. DASIC IDEN	ITICATION DATA		
2. Enter	the information re-	quested for the fol	lowing:			
•	Each promoter of	he issuer, if the is	suer has been organized	within the past five years;		
•	Each beneficial ov securities of the iss		oower to vote or dispose	, or direct the vote or dis	sposition of, 10%	or more of a class of equity
•	Each executive off	icer and director	of corporate issuers and o	f corporate general and m	anaging partners	of partnership issuers; and
•	Each general and r	nanaging partner	of partnership issuers.			
Check B	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
	ne (Last name first, n, Stanley R.	if individual)				
	s or Residence Add lonnade Blvd., Suit		Street, City, State, Zip Cio, TX 78230-2239	ode)		
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
	ne (Last name first, T. Patrick	if individual)				
	or Residence Additional lonnade Blvd., Suit	`	Street, City, State, Zip Cio, TX 78230-2239	ode)		
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
	ne (Last name first, d, Lewis D.	if individual)				
	or Residence Add orth MacArthur Bou		Street, City, State, Zip C Irving, TX 75038	ode)		
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	ne (Last name first, Edward B.	if individual)				
	or Residence Add lonnade Blvd., Suit	•	Street, City, State, Zip Cio, TX 78230-2239	ode)		
Check B	ox(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner
	ne (Last name first, , Randal R.	if individual)				
	or Residence Add lonnade Blvd., Suit		Street, City, State, Zip Cio, TX 78230-2239	ode)		
Check B	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Nar	ne (Last name first,	if individual)				
Business	or Residence Add	ress (Number and	Street, City, State, Zip C	ode)		
Check B	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Nar	ne (Last name first,	if individual)				
Business	s or Residence Add	ress (Number and	Street, City, State, Zip C	ode)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## **B. INFORMATION ABOUT OFFERING**

1.	Has the issu	ier sold.	or does th	ne issuer i	ntend to	sell, to no	on-accred	lited inves	stors in th	nis offerir	ng?			Yes □	No ⊠
		,						Column 2,			_				_
2.	What is the	minimur	n investn			-	-		_					. \$1,000	0.00
														Yes	No
	Does the of		-		-	_									
	Enter the ir remuneration person or a than five (5 dealer only	on for solution for a gent of a gent	licitation broker o	of purcha or dealer i	sers in c	onnectio	n with sa e SEC an	les of sec d/or with	urities in a state o	n the offe or states,	ring. If a	a person ime of th	to be liste ne broker o	d is an or deale	associated r. If more
	Name (Las T Funding,		rst, if ind	ividual)											
	ness or Res Colony Squ														
	ne of Associ L Equities,		ker or De	aler											
State	es in Which	Person L	isted Ha	s Solicited	d or Inten	ds to So	licit Purcl	hasers							
	(Check "Al	l States"	or check	individua	l States).					•••••	•••••	•••••		🔲 🛭	All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [ <b>X</b> TN]	[CA] [KY] [NJ] [ <b>X</b> TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [XNC] [XVA]	[DC] [MA] [ND] [WA]	[XFL] [MI] [OH] [WV]	[XGA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [XPA] [PR]		
Full	Name (Las	name fü	rst, if ind	ividual)											
Busi	ness or Res	idence A	ddress (N	lumber ar	nd Street,	City, Sta	ate, Zip C	code)							
Nam	ne of Associ	ated Brol	ker or De	aler											
State	es in Which	Person L	isted Ha	s Solicited	d or Inten	ds to So	licit Purc	hasers							
	(Check "Al	l States"	or check	individua	l States).							•••••	•••••	🔲 🛮	All States
* - <del>-</del>	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Las	t name fir	rst, if ind	ividual)											
								4							
Busi	ness or Res	idence A	ddress (N	Number ar	nd Street,	City, Sta	ate, Zip C	Code)							
Nan	ne of Associ	ated Bro	ker or De	aler								<u></u>			
	es in Which (Check "Al									******				🔲 🔏	All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND	USE OF PROC	CEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total ar already sold. Enter "0" if answer is "none" or "zero." If the transaction is an excludering, check this box and indicate in the columns below the amounts of the securifiered for exchange and already exchanged.	hange			
	Type of Security	(	Aggregate  Offering Price		Amount Already Sold
	Debt	\$	-0-	\$	-0-
	Equity	\$	125,000	\$_	-0-
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests Other (Specify	\$	-0-	- \$	-0-
	Other (Specify)	\$	-0-	\$_	-0-
	Total	\$	125,000	\$_	-0-
2.	Enter the number of accredited and non-accredited investors who have purchased secu in this offering and the aggregate dollar amounts of their purchases. For offerings Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zer	under egate	Number of		Aggregate
			Investors		Dollar Amount of Purchases
	Accredited Investors		125	\$	125,000
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only) Not Applicable		-0-	\$	-0-
	Answer also in Appendix, Column 4, if filing und		OE .		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested a securities sold by the issuer, to date, in offerings of the types indicated, in the twelve months prior to the first sale of securities in this offering. Classify securities by type list Part $C - Question 1$ .	(12)			
	Type of Offering		Type of		Dollar Amount
	Duly 505 - No. A. a. Poulli		Security	æ	Sold
	Rule 505 Not Applicable Regulation A Not Applicable	_		— <b>\$</b> -	-0- -0-
	Regulation A Not Applicable Rule 504 Not Applicable			—	-0-
	Total Not Applicable	•		— ¸-	-0-
<b>4.</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses issuer. The information may be given as subject to further contingencies. If the amount expenditure is not known, furnish an estimate and check the box to the left cestimate.	of the unt of			
	Transfer Agent's Fees			\$_	-0-
	Printing and Engraving Costs			\$_	-0-
	Legal Fees		$\boxtimes$	\$_	15,000
	Accounting Fees		님	\$_	-0-
٠	Engineering Fees Sales Commissions (specify finders' fees separately) Other European (identify) placement fees		님	\$_	-0-
	Other Expenses (identify) placement fees		M	ъ_ ф_	-0- 25,000
£	Total			\$ - \$	40,000
				<b>-</b> -	

	C OFFEDING PRICE	SATIMATED OF TAXABLE TODO TO	DENGE	P. W 🛣	ID I	ICE OF PROCE	2000	(1. 4.42°	U. E. W 1575 1975 1
b.	Enter the difference between the aggree Question 1 and total expenses furnished is the "adjusted gross proceeds to the issue to the instance of the instance o	n response to Part C - Question 4.a.	se to Par	t C	-	JSE OF PROCI	SEDS		
	is the adjusted gross proceeds to the issu	ы.					\$_		85,000
5.	Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of equal the adjusted gross proceeds to the 4.b above.	he amount for any purpose is not know the estimate. The total of the payme	own, furni ents listed	ish a mu stioi	n st ns	(			
						nts to Officers, ors & Affiliates	P	'avme	nts to Others
	Salaries and Fees			П	\$	-0-		\$	-0-
	Durchase of Deal Estate				\$	-0-		\$ 	-0-
	Purchase, rental or leasing and installati				\$	-0-		\$	-0-
	Construction or leasing of plant building		•••••••		\$	-0-		\$	-0-
	Acquisition of other businesses (included involved in this offering that may be assets or securities of another issuer pur	used in exchange for the			- \$	-0-	_	<b>S</b>	-0-
	Repayment of indebtedness		••••••		\$ - \$	-0-	- 🗀	\$ —	-0-
	Working conital				\$ - \$	-0-		\$ — \$	85,000
	Other (checify):				\$ - \$	-0-		* — \$	-0-
	Column Totals				\$ - \$	-0-		\$ — \$	85,000
	Total Payments Listed (column	totals added)			-	<u> </u>		,000	
		D. FEDERAL SIGNAT			Cs.ii				
fol	e issuer has duly caused this notice to be lowing signature constitutes an undertakin its staff, the information furnished by the is	g by the issuer to furnish to the U.S.	. Securitie	es ar	nd E	xchange Comm	ission	, upo	
Iss	uer (Print or Type)	Signature			D	ate			
Co	balt Industrial REIT	Rayhel leeun	U	1	77.	vente 22	_, 20	04	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			-1	-		-	
Ra	ndal R. Seewald	Vice President							

### ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.252( of such rule?			Yes	No ⊠
		See Appendix, Column 5, for state re-			_
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as required	•	any state in which this note is filed,	a notice o	on Form D
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrators, up	on written request, information furnis	hed by tl	ne issuer to
4.	The undersigned issuer represents that the Offering Exemption (ULOE) of the state exemption has the burden of establishing the	in which this notice is filed and under			
	e issuer has read this notification and kno lersigned duly authorized person.	ws the contents to be true and has du	ly caused this notice to be signed o	n its bel	nalf by the
Issu	ner (Print or Type)	Signature	Date		
Col	oalt Industrial REIT	Rand Seems	1 November 22, 2004		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			

Vice President

#### Instruction:

Randal R. Seewald

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	2 3					5			
	non-ac	to sell to credited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of inv amount purch (Part C –	ased in State		Disqualification under State ULC (if yes, attach explanation of waiver granted (Part E – Item	
State	Yes	No	Preferred Equity Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL		X	\$8,000	8	\$8,000				X
GA		X	\$94,000	94	\$94,000				X
HI									
ID									
IL									
ĪN									
IA			•						
KS									
KY									
LA									
ME									
MD									
MA									
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· NV									
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NM									
NY									

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	non-acc	Intend to sell to non-accredited investors in State (Part B – Item 1)  Type of security aggregate offering price offered in security aggregate offering price offered in security aggregate offering price offered in security aggregate offering price of security aggregate of security aggr		Type of investor and amount purchased in State (Part C – Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No	Preferred Equity Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
NC		X	\$2,000	2	\$2,000				X	
ND										
OH										
OK										
OR										
PA		X	\$6,000	6	\$6,000				X	
RI										
SC										
SD										
TN		X	\$6,000	6	\$6,000				X	
TX		X	\$3,000	3	\$3,000				X	
UT										
VT										
VA		X	\$6,000	6	\$6,000				X	
WA										
WV										
WI			NAME OF THE PARTY							
WY		_								
PR							<u></u>			